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ABSTRACT

Because school-based health centers are located in areas serving a large percentage of low-income minority children, they have the potential to provide health care services to millions of children lacking health insurance. Although support for these centers is growing, funding remains in jeopardy. This fact sheet details what child advocates can do to help ensure that school-based health centers remain in operation to serve children who need crucial health services. The fact sheet maintains that child advocacy organizations can lend their public policy expertise and advocacy experience to health care providers by assisting in advocacy campaigns, helping health care advocates increase public support for their programs, bringing together key stakeholders, and training newcomers to the advocacy field. Suggestions are provided for framing an argument for using the school setting as a child-focused safety net strategy. The fact sheet asserts that child advocates can take a lead role in advocating for funding to sustain and expand important health resources for children. It is argued that child advocates are ideally positioned to play a strategic role in promoting health and well-being of children in their states by advocating on behalf of school-based health centers. The fact sheet concludes with a list of organizations for additional information. (KB)

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School-Based Health Care: What Can Child Advocates Do? Fact Sheet.

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National Association of Child Care Advocates

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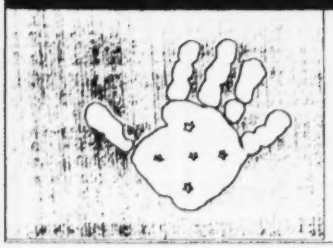

School-Based Health Care: What Can Child Advocates Do?

SUSAN KILBOURNE — NATIONAL ASSOCIATION OF CHILD ADVOCATES
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All child advocates know that families and schools work hard to ensure care and support for the well-being and educational success of our children. But they face a difficult challenge to providing the healthy environment children need to be successful: 9.2 million children in America have no health insurance – and therefore are receiving little or no preventive and acute health care. Millions of children and adolescents are in need of mental health services, help with substance abuse problems, and treatment for pregnancy or sexually transmitted diseases. Children ages 10-19 have substantial health care needs, but the lowest utilization of health care services of any group, and are the least likely to seek care at a provider's office. Furthermore, risky behaviors are the leading threat to the health of school-aged children and youth. This challenge is compounded by parents who are not afforded time off from work to take sick children to the doctor, depressed communities with few supports or services, and school climates prone to tension and violence.

School-Based Health Centers: Part of the Solution

Hundreds of communities across the country have established school-based health centers as one part of the solution to these complex problems. Designed to place health care where children can access it easily, centers offer a wide range of services, including primary and preventive care, treatment of acute and chronic illness, sports physicals, mental health care, dental care, laboratory tests, and – depending on the age range and community approval – reproductive health services. Over 1400 health centers deliver primary preventive and early intervention services to more than a million children of all grade levels in urban, rural, and suburban schools across 45 states, a ten-fold growth in the past decade. School-based health centers are strategically located in areas serving a large percentage of low-income minority children. On average, the populations served by health centers include African Americans (29%) Hispanics (26%), Asians (4%), and Native Americans (3%).

Although support for school-based health centers continues to build momentum across America's communities, funding for centers is in constant jeopardy. Most centers receive at least some funding from state sources, and are therefore at risk during budget debates. For the children who receive care at these centers, budget cuts mean losing crucial health services. Those children need advocates.

What Can Child Advocates Do?

The providers who run school-based health centers are first and foremost health care providers – and they are often overwhelmed with the daily demands of patient care and administrative tasks. Working in coalition, child advocacy organizations can lend their public policy expertise and advocacy experience to this important children's health issue.

Nuts and Bolts: Child advocates who become involved in the issue of school-based health care can assist state school-based health associations with the "logistics" of advocacy, an area new to many center health care providers. Child advocates can also work in coalition with school-based health centers and associations to share the workload of an advocacy campaign.

Advocacy Expertise: Child advocates can share expertise regarding grassroots lobbying, community mobilization, legislative advocacy, media, and administrative advocacy techniques. Using all of these strategies, child advocates can help school-based health care advocates work to increase public support for school-based health care and to remove barriers to establishing centers.

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Bridge-Building: Child advocates can play a pivotal role in bringing together the key stakeholders in school-based health care: providers, schools, and health organizations. Child advocates can work with private insurers to persuade them to cover services provided to children and teens at school-based health centers.

Mentoring: Experienced child advocates can inspire and train newcomers to the field of advocacy.

Advocating for School-Based Health Care

Few health and mental health programs are as effective as school-based health centers in providing access to school-age children. For far too many children, the health centers are not just an entry point into acute care, but the sole source of health care. School-based health centers have proven themselves to be a valuable component of a culturally competent, coordinated system of care that emphasizes early detection, assessment and intervention. They should be one of our first lines of defense.

Federal, state, and community leaders must be persuaded to protect and safeguard these crucial safety nets and encourage linkages with schools to enhance primary care access and delivery. Federal and state funding for maternal and child health programs and community health centers remain vital to maintaining preventive services that might otherwise be cut because of inadequate insurance payment structures. State and federal public health, primary care, and mental health resources should be greatly enhanced so that opportunities for reducing racial health disparities and strengthening the health services provided to our most vulnerable school-age populations are fully realized.

Child advocates can take a lead role in advocating for funding to sustain and expand these important health resources for our children. Joining with center administrators, staff, and school-based health care advocates, child advocates can work in their states to promote legislative and administrative support – especially budgetary support – for school-based health centers, which ultimately promotes the health and well-being of children and adolescents. ■

FRAMING THE ARGUMENT

Why the School Setting as a Child-Focused Safety Net Strategy?

Unprecedented Access

School-based health centers have been successful because access is immediate and the health center staff becomes identified as part of the school culture. Regardless of their insurance coverage, students widely accept and use the health centers. On average, 65% of the student body registers with the health center; 87% of enrollees use the center at least once each school year.

Students use the health centers because of their convenient and familiar setting and because of a staff of professionals who are comfortable and experienced with the school-age population. Parents value the centers because of convenience as well, and because services are delivered at low or no cost. Schools welcome the health centers because they attend to the physical, emotional, and social health concerns that are key to successful learning. The entire school climate is enhanced by the health care presence. The truism that unhealthy children cannot learn resonates with educators whose mission it is to prepare children to become healthy, responsible, and productive adults. They cannot accomplish these goals solely with education dollars.

Assurance of Care

School-based health centers provide a guarantee of meaningful access to comprehensive physical and mental health care to uninsured children and youth, and to those children who have insurance but cannot or do not access their provider. Many school-based health care providers report that, despite Medicaid and CHIP enrollment efforts, the rate of uninsured remains extraordinarily high. Dallas Public Schools, for example, recently reported that as many as 95% of their student population is without health coverage.

Continuity

Early and continuous engagement of young people in their health care is a unique hallmark of school-based health care. Unlike mainstream providers who have limited contact with their patients, school-based health center staff has the advantage of proximity to create substantive relationships with high-risk children and youth. The ability to establish connections between health provider and patient is key to effective identification of physical, behavioral, and emotional health issues that, left unchecked, could have consequences of human dysfunction and increased health care costs. ■

School-Based Health Care and Child Advocates: Working To Meet the Challenge of Health Care for All Children

Child advocates are ideally positioned to play an important and strategic role in promoting the health and well-being of children in their states by advocating on behalf of school-based health centers. Recognizing that, the National Association of Child Advocates (NACA) and the National Assembly on School-Based Health Care have undertaken a joint project to strengthen advocacy at the state level for school-based health centers. Several NACA members are involved in this issue in their states, and have had exciting successes. School-based health centers are an important component in a system that provides health care services to all children, regardless of insurance status or income level. Child advocates have an opportunity to rise to the challenge of promoting school-based health care for all children. ■

FOR MORE INFORMATION

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